Division of Community Services

7375 Powell Road ● Wildwood, FL 34785 ● Phone (352) 689-4490 ● FAX: (352) 689-4491 http://sumtercountyfl.gov/CommunityServices

DATE: August 1, 2011

TO: BOARD OF SUMTER COUNTY COMMISSIONERS

FROM: COMMUNITY SERVICES DIVISION

SUBJECT: HEALTH CARE RESPONSIBILITY ACT CLAIMS

• \$4.00 per capita is budget allocation

Generally claims are completed within 60 days

Eligible Individual

- Certified resident of the county
- Indigent
- Received medical care at participating hospital
- Must have been emergency medical condition
- 45 days maximum inpatient service per year

Iuly 2011

July 201	1			 	
Total paid to Hospitals			\$ 2,941.43		
LRMC	\$	95.75	LifeStream	\$ 2,845.68	
ORMC	\$	0.00	Brooksville	\$ 0.00	
Shands	\$	0.00	Tampa General	\$ 0.00	
Average claim			\$ 1,324.48	 	

FY 11 Maximum Liability \$ 389,540.00 (per updated HCRA handbook)

Expended YTD

\$ 13,117.08 .04%

We received refunds from LRMC in this amount \$7,507.83 on HCRA claim paid using fiscal year 10-11 funds. YTD refunds total \$23,596.57

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